

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO NM 0554604
2. NAME OF OPERATOR Sun Exploration & Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  J, 1650' FSL & 2310' FEL		8. FARM OR LEASE NAME Elliott A 15
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Paddock
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15, T-22-S, R-37-E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Clean out scale and Acidize <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. MI RU PU. POH W/66 TAPER ROD STRING & 2"x1-1/2"x16' RHBC PUMP. ND WH. NU BOP. RLSE TAC & POH W/2-3/8", 4.7#, J-55 PRODUCTION TBG.
2. RIH W/4-3/4" RB & 5-1/2", 17# CSG SCRAPER ON 2-3/8", PROD TBG TO PBTD (±5130'). CLEAN OUT SCALE AS NECESSARY AND CIRC HOLE CLN. POH.
3. RIH W/5-1/2", 17# R3DG PKR (SMALL BORE) & SN ON 2-3/8" TBG. DROP SV TO SN. TEST TBG TO 4500 PSI (W/ANNULUS FULL). FISH SV. (DOWNGRADE TEST PRESS AS NECESSARY IF ANNULUS WILL NOT STAY FULL).
4. MI RD BJ-TITAN. SPOT 2 BBLS 20% NEFEHCL FROM 5130 TO 5044. RAISE PKR TO ±4950. SET PKR W/20 PTS. COMPRESSION. BJ-TITAN ACIDIZE PADDOCK PERFS 5065 TO 5125 W/5000 GALS 20% NEFE HCL DN 2-3/8", 4.7#, J-55 PROD TBG AT ± 5 BPM. DIVERT ACID USING 75 7/8", 1.1 SP.GR, RCN BS. DROP BALLS IN CLUSTERS OF 5 SPACED EVENLY THRU-OUT ACID. MAX ALLOWABLE TREATING PRESSURE 4500 PSI. ESTIMATED WHTP 3300 PSI. FLUSH TO BTM PERF USING 1000 GALS NE 2% KCL FSH WTR.
5. FLOW/SWAB BACK L&AW. EVALUATE FE RATE & CONTENT.
6. MI RU PUMP TRUCK. SCALE SZQ PADDOCK PERFS 5065-5125 W/50 BBL FRSH WTR CONTAINING 110 GALS TRETOLITE SP-191, & 5 GALS TRETOLITE RP-2336. FLUSH W/150 BBLS FRSH WTR. (SI FOR ± 48 HRS PRIOR TO STARTING WELL PUMPING).
7. RLSE PKR, LOWER THRU PERFS AND POH W/TBG & PKR.
8. RIH W/2-3/8" PRODUCTION TBG AS BEFORE; TS ± 5116, PN ± 5084, SN ± 5083, TAC ± 3620. ND BOP. NU WH. RIH W/2"x1-1/2"x16' ROD PUMP ON 66 TAPER ROD STRING AS BEFORE. SPACE OUT AS NECESSARY. CHECK PUMP ACTION. RLSE RIG.

18. I hereby certify that the foregoing is true and correct

SIGNED Maria L. Perez  
(This space for Federal or State office use)

TITLE Accounting Associate

DATE 8-12-88

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

TITLE \_\_\_\_\_

DATE 9-7-88

\*See Instructions on Reverse Side